

## Field Treatment

1. Basic airway
2. Oxygen/Pulse oximetry
3. Cardiac monitor/document rhythm and attach EKG/ECG strip
4. Shock position prn
5. Advanced airway prn
6. Venous access
7. If potential hypovolemia, treat by NONTRAUMATIC HYPOTENSION **M8** guideline

**Note:** ①

### Perfusing

8. Valsalva maneuver
9. If unresponsive to Valsalva,  
**Adenosine 6mg** rapid IVP  
① ②  
☞ May repeat 12mg one time  
in 1-2 minutes
10. Reassess for potential deterioration

### Poor Perfusion

**Note:** ② ③

8. Consider **Adenosine 12mg** rapid IVP  
① ②  
☞ May repeat 12mg one time  
in 1-2 minutes
9. Consider sedation in the awake  
patient in preparation for cardioversion  
③
10. Synchronized cardioversion up to  
four times  
④ ⑤

## Drug Considerations

### Adenosine

- ① Immediately follow with rapid  
flush of 10-20ml NS
- ② Contraindications:
  - ✓ 2<sup>nd</sup> degree HB or 3<sup>rd</sup> degree HB
  - ✓ On Persantine or Tegretol
  - ✓ History of Sick Sinus Syndrome

### Midazolam

- ③ Titrate 1-2mg slow IVP for  
sedation, may repeat every 5 minutes  
to maximum of 10mg. If unable to  
obtain venous access, may administer  
2.5mg IM or IN, may repeat once in 5  
minutes

## Special Considerations

- ① Evaluate underlying causes of  
tachycardia, e.g., dehydration,  
sepsis, trauma, etc.
- ② Consider cardioversion for  
uncontrolled atrial fibrillation with  
hemodynamic instability
- ③ Cardioversion preferred if  
unconscious
- ④ Consider reduced energy (50J)  
in atrial flutter or possible  
digitalis toxicity
- ⑤ Monophasic (100, 200, 300, 360J)  
Biphasic defibrillator settings may  
vary; refer to manufacturer's  
guidelines. If unknown, use  
highest setting